STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150163	A. BUILDING **01 - SAINT CATHERINE REGIONAL HOSPITAL** B. WING _____	R **11/03/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT CATHERINE REGIONAL HOSPITAL	**2200 MARKET ST** **CHARLESTOWN, IN 47111**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the PSR conducted on 08/12/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b). Survey Date: 11/03/14 Facility Number: 004975 Provider Number: 150163 AIM Number: 200816530A Surveyor: Mark Bugni, Life Safety Code Specialist At this PSR survey, Saint Catherine Regional Hospital was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. This three story hospital was determined to be of Type II (222) construction with a basement and partially sprinkled. The basement kitchen, dining room, and old bathroom, the first floor physical therapy room, the gift shop, and the third floor hyperbaric chamber room were sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 47 and had a census of 25 at the time of this survey. Quality Review by Dennis Austill, Life Safety Code Specialist on 11/07/14.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.